## STATE OF MAINE DOMESTIC CANNABIS ERADICATION/SUPPRESSION PROGRAM INFORMATION REPORT

## ADMINISTRATIVE DATA Report Date: \_\_\_\_\_ Reporting Agency: \_\_\_\_\_ Case Number: Contact Number: Reporting Officer: Origin ☐ LEO Observation Other (Identify) ☐ Suspect(s) Identified Outdoor cultivation site(s) to be searched for in support of a search warrant? $\square$ Information that CANNABIS has been cultivated at a specific geographic location ☐ Information that CANNABIS is being/may be cultivated at a specific geographic location ☐ Information that an identified location is used by specific individual(s) with prior CANNABIS cultivation arrest(s) and/or conviction(s) SITE DATA 9-1-1 Street Address: Town/City: County: If no 911 Address: GPS Latitude: \_\_\_\_ (dd.mm.mmm) Longitude: \_\_\_\_ (dd.mm.mmm) Section: Gazetteer Map #: \_\_\_\_\_ Range: ☐ "Open fields" ☐ Obvious or known public land ☐ Constitutionally protected privacy zone (residence and curtilage) Additional Information: Forward this report to your County Coordinator or MDEA DTF Coordinator: CIVIL AIR PATROL (CAP) ☐ CIVIL AIR PATROL (CAP) Sortie Requested to Determine Presence of Cannabis: ☐ CIVIL AIR PATROL (CAP) Sortie Requested in Support of Ground Eradication Team: MDEA DTF Coordinator: \_\_\_\_ Est. Wt. (lbs): \_\_\_\_ LE Spotter: \_ \_\_\_\_ Request Flight Be Scheduled Week of: , on $\square$ Mon $\square$ Tue $\square$ Wed $\square$ Thu $\square$ Fri $\square$ Any DEPARTMENT OF PULIC SAFETY (DPS) USE ONLY Date Received: \_\_\_\_ DPS Assigned Flight #: \_\_\_\_ CAP Sortie #: \_\_\_\_

ONLY DCE/SP Analyst shall forward CAP Mission Requests to MEWG POC, NOC and USDEA